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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*None* *TMM*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None* *TMM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5
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ADDRESS  
 28584  
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TITLE  
 Wide-stripe single-mode diode-laser

FILING FEE  RECEIVED 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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